Amendments to the Specification

On page 3, please amend the paragraph beginning on line 15 as follows:

United States Patent No. 5,781,893 discloses systems and methods for estimating sales activity of a product at sales outlets including sales outlets at which sales activity data is sampled and unsampled sales outlets is estimated by determining the distances between each of the sampled sales outlets and each of the unsampled sales outlets and correlating sales activity data from the sampled sales outlets according to the determined distances. The sales activity volume of the product at the sampled outlets and the estimated sales activity volume of the product at the unsampled outlets are combined to obtain an estimate of sales activity for all the sales outlets. Sales activity of products prescribed by a physician at both the sampled and unsampled outlets can be estimated by correlating sales activity data for the prescribing physician at the sampled outlets according to the distances between the sampled outlets and the unsampled outlets. The systems and methods of the '893 patent provide reliable estimates of product distribution when the product has a broad usage base that lends itself to continuous geospatial assumptions regarding such product sales. However, in the context of specialty markets, which are defined as products used by specialized consuming populations (e.g., HIV drugs) or products which otherwise require special handling (e.g., such as refrigeration), many assumptions established for broad market estimation are inapplicable. Accordingly, there remains a need to provide a system and method for providing reliable estimates from product sales and distribution in specialty markets.

On page 8, please amend the paragraph beginning on line 10 as follows:

The retail facilities 102 generally use conventional point-of-sale computer systems (not shown) that provide some level of automated data capture for sales information.

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Regardless of how the sales data are captured, data reflecting sales volume of one or more products is transferred from the retail facility 102 to the processor 104. For pharmaceutical sales, the data provided from the pharmacies generally identifies the physician, or prescriber, who generated the script authorizing the sale. The processor 104 is connected to a large capacity computer data storage system 108 where the sales data provided by retail outlets are stored in a retail sales database 110. A wholesale distribution database 112 is also included to provide data regarding sales from pharmaceutical manufacturers and wholesale distributors to retail distribution outlets. In addition, the system will generally include various input and output devices 112 114, such as keyboards, digital pointers (e.g., mouse), video displays, printers and the like which are associated with conventional computer systems to provide user interaction with the system.

On page 10, please amend the paragraph beginning on line 17 as follows:

Returning to step 214, for those retail facilities where there is no store and product wholesale sales data available in the wholesale distribution database 112, the retail sales database 110 is used to generate a stage 2 universe. Stores which are not represented in the stage 1 universe can be classified in two categories: stores which are represented in the retail sales database and stores which are not represented in either database. For those stores which are not represented in the wholesale distribution database but are represented in the retail sales database, a stage 2 product store universe is established (step 222) using the sampled data averaged over a predetermined time period, such as six months of data having a two month lag from the date of interest. For the unrepresented stores (step 220), an average store size is determined using the sampled data from the retail sales database and this average store size is applied to the unrepresented facilities, which are also included in the stage 2 universe. Preferably, the store

size is in the form of an average dollar volume of the product of interest over a predetermined time period, such as six months. The data from the retail sales database generally provides the retail price paid by end users for the product, rather than the wholesale purchase price paid by the retailer. Therefore, to arrive at an average wholesale dollar volume, which is used in the wholesale sales database 112, the unit volume of product sold is determined from the retail sales database and this value is then scaled by an average wholesale price paid by the sampled retailers.

On page 11, please amend the paragraph beginning on line 17 as follows:

Figure 3 is a flowchart illustrating the steps involved in generating projection factors which are used to scale the store/product history data of the combined universe file to generate an estimate of total specialty market sales for unsampled outlets. Data from the combined universe file are read (step 302) from the database and are evaluated to determine whether the sales were from the wholesale distribution database or the retail store database (step 304). The data which is from the wholesale distribution database 112 is applied to a first geospatial projection process (step 306) and the data from the retail sales database is applied to a second geo-spatial projection process (step 308). In addition to the data in the stage 1 and stage 2 universe files, the geo-spatial projection processes can also involve data provided by other data files, such as a store distance file 303a, a sub-national reporting store file 303b and other such databases 303c. In the case of the pharmaceutical industry, the geo-spatial projection process generally assumes that non-sampled pharmacies which are physically close to a sampled pharmacy have similar prescribers for the product of interest.

On page 13, please amend the paragraph beginning on line 1 as follows:

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After geo-spatial station projection is performed on both the data from the wholesale distribution database 112 and the retail sales database 110, store/product weights (step 310) and store/product projection factors (step 312) are stored. The store/product weights represent the relationship between a sampled store and each unsampled store whose sales are projected based on the sample store. The sampled store is assigned a weight of 1. The weights are then aggregated for each sample store to determine the projection factor applicable to that sampled store. The projection factors for each sampled store are preferably stored in a combined projection factor file (step 314). Preferably, a projection factor history file is created (step 316) for all products and these data are also stored in a the projection factor history file for all

On page 13, please amend the paragraph beginning on line 11 as follows:

Figure 4 is a flowchart which illustrates the steps of applying the projection factor file to acquired sales data to generate projected estimates for the prescriber activity in the specialty market and also for generating reports related to this projected prescriber data. As noted in connection with Figure 1, sampled retailed facilities 102 provide raw data on a regular basis, such as weekly. This data is extracted from the retail sales database, which includes prescriber information associated with the product sales (step 402). These data are sorted by store, product and prescriber (step 404). The projection factors are read from the projection factor history file (step 406) and are applied to the raw data from the sampled stores to arrive at projected product specific prescriber levels for all months of interest (step 408). The projected data, which is the raw data scaled by the applicable store/product projection factor, is preferably stored in the database (step 410). Once the projected prescriber activity level for the product of interest is calculated for the specialty retail market, reports can be generated at national and

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subnational levels (step 412) <u>using</u>, where applicable, a client territory alignment file (step 416). The reports can provide total product activity by a prescriber, as well as trend data from the prescriber. The reports which are generated can than then be delivered to internal and external clients via conventional means, such as paper publication or electronic publication via a website, or electronic mail and the like (step 414).

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